04/20/2016 18 : 47

PAGE 1/2

## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation		
American Action Network		
(b) Address (number and street) check if different than pre 1747 Pennsylvania Avenue, NW 5th Floor	eviously reported	
(c) City, State and ZIP Code		
Washington	DC 20006	3. FEC Identification Number
Occupation and Name of Employer (for Individual Filers Only)		C C90011230
TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report		
July 15 Quarterly Report	X 24-Hour Report	
October 15 Quarterly Report 48-Hour Report		
January 31 Year-End Report		
b) Is this Report an amendment? X No Yes, it amends the report filed on		
5. COVERING PERIOD: FROM / D	D / Y Y Y Y	
THROUGH		
6. TOTAL CONTRIBUTIONS		0.00
7. TOTAL INDEPENDENT EXPENDITURES		193625.73
Under penalty of perjury I certify that the independent expenditures reported here of, any candidate or authorized committee or agent of either, or any political part		tion, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE [Electronically Filed]
Caleb Crosby	Caleb Crosby	04/20/2016
NOTE: Submission of false, erroneous or incomplete information	n may subject the person signing this repo	ort to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) American Action Network Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Del Cielo Media LLC 04 19 2016 Mailing Address 1427 Leslie Avenue Amount Suite 102 Zip Code City State 146650.00 Alexandria VA 22301 Transaction ID: 001 PΑ Purpose of Expenditure Office Sought: ★ House Category/ State: 004 Media placement Type Senate 09 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Bill Shuster X Support Check One: Oppose Disbursement For: Primary 2016 General Calendar Year-To-Date Per Election 146650.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Strategic Perception Inc. 04 19 2016 Mailing Address 6158 Mulholland Highway Amount City State Zip Code 16975.73 Hollywood CA 90068 Transaction ID: 002 Office Sought: PΑ Purpose of Expenditure House Category/ State: 004 Media production Type Senate 09 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Bill Shuster Check One: X Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 163625.73 2016 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Craft Media/Digital 2016 04 19 Mailing Address 1600 K Street NW Amount Suite 300 State Zip Code City 30000.00 DC 20006 Washington Transaction ID: 003 Purpose of Expenditure Office Sought: PA House Category/ State: Media placement and production 004 Type Senate 09 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Bill Shuster X Support Check One: Oppose Disbursement For: Primary 2016 General Calendar Year-To-Date Per Election 193625.73 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 193625.73 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... 193625.73 (carry total from last page forward to Line 7)